



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

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March 3, 2010

Torrey Bollinger
Preferred Community Homes - Elk Run
7091 West Emerald Street
Boise, ID 83704

RE: Preferred Community Homes - Elk Run, provider #13G041

Dear Mr. Bollinger:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Elk Run, which was conducted on February 25, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 16, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by March 16, 2010. If a request for informal dispute resolution is received after March 16, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

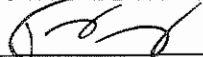
PRINTED: 03/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - ELK RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH GULL COVE PLACE MERIDIAN, ID 83642	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Lead Barbara Dern, QMRP Common abbreviations/symbols used in this report are: AQMRP - Assistant Qualified Mental Retardation Professional HRC - Human Rights Committee IPP - Individual Program Plan LPN - Licensed Practical Nurse prn - As Needed QMRP - Qualified Mental Retardation Professional RN - Registered Nurse RSC - Residential Service Coordinator	W 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Elk Run with the facts, findings or other statements as alleged by the state agency dated February 25, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Elk Run – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action." RECEIVED MAR 16 2010	
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavioral assessments contained comprehensive information for 3 of 3 individuals (Individual #1 - #3) whose behavioral assessments were reviewed. This resulted in a lack of information on which to base program intervention decisions. The findings include: 1. Individual #3's 3/26/09 IPP stated he was a 53 year old male whose diagnoses included	W 214	FACILITY STANDARDS W 214 483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN All individuals' behavior assessments will be reviewed and revised to contain comprehensive and accurate information. Also, at least quarterly at a Core Team meeting, these assessments will be reviewed and revised as necessary to ensure that all information is updated and accurate. Person Responsible: AQMRP and Behavior Specialist Completion Date: 5/7/10 Monitoring: Quarterly	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

3/17/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 214	<p>Continued From page 1</p> <p>schizoaffective disorder, bipolar type, compulsive behaviors, and severe mental retardation.</p> <p>Individual #3's Behavioral Assessment, dated 3/19/09, stated he displayed the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Behavior that was Hurtful to Self, defined as banging his head, elbow, or knee on the wall, window, floor, or van. - Behavior that was Hurtful to Others, defined as hitting, kicking, pushing or scratching peers or staff. - Destruction of Property, defined as deliberately causing damage or breaking items in his home, or breaking other's possessions. - Disruptive Behavior, defined as slamming doors, hitting walls not causing injury to self. <p>The Behavioral Assessment did not contain clear and concise information regarding Individual #3's maladaptive behaviors, including information related to analyses of the potential causes, or information related to what elicited or sustained the behaviors as follows:</p> <p>a. Individual #3's Behavioral Assessment stated his diagnoses included schizoaffective disorder, bipolar type, and compulsive behavior. However, specific maladaptive behaviors that he displayed were not tied to specific diagnoses, and information related to how Individual #3's diagnoses might impact his maladaptive behavior and response to intervention was not included in the assessment.</p> <p>b. Individual #3's Behavioral Assessment listed antecedent behaviors that included agitation (undefined) when cued, cue dependence for toileting, struggling when missing his mother, and</p>	W 214			

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W 214	<p>Continued From page 2</p> <p>being bothered by housemates' vocalizations and behavior.</p> <p>However, the section titled "Function of Behavior" stated Individual #3 seemed to be seeking control and struggled when he did not feel in control, and at other times seemed to be communicating that he was struggling adjusting to his housemates, that he didn't feel well, or that he needed to use the toilet.</p> <p>There was not a clear relationship between the antecedent behaviors and the function of behaviors listed in the assessment. Further, the assessment did not include which antecedent behaviors and which functions of behavior were related to which maladaptive behaviors (i.e. when cued to toilet, Individual #3 may physically assault staff if he did not need to toilet, or when Individual #3 needed to toilet but could not communicate his need, he would bang his head on the wall, etc.).</p> <p>c. Individual #3's Behavioral Assessment did not contain information related to potential factors that were eliciting or sustaining his maladaptive behaviors based upon antecedent data. For example, the section titled "Antecedent" stated he "will become agitated or physically aggressive/self abusive after he is cued to participate in an activity."</p> <p>However, the assessment did not indicate if Individual #3 engaged in maladaptive behavior when cued to tasks he liked, disliked, or both, or if the behavior was to escape or avoid a task, communicate a need, a result of environmental factors, etc.</p> <p>d. Additionally, the assessment included the</p>	W 214			

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W 214	<p>Continued From page 3 following inconsistencies:</p> <ul style="list-style-type: none"> - The "Frequency/Duration of Behavior" section stated Individual #3 would "remain agitated for hours." However, "agitation" was not defined. - The "Weaknesses" section stated Individual #3 did not like to "be pushed into activities," would not initiate tasks, did not like to wait, and appeared sensitive to various vocalizations and actions of his housemates. However, motivating factors such as escape, avoidance, impulse control, and environmental factors were not addressed as potential functions of his maladaptive behaviors. - The "Antecedent" section stated Individual #3 would become agitated after being cued to an activity and struggled when he missed his mother. However, cuing or issues of familial separation were not addressed as potential functions of his maladaptive behaviors. - The "Previous Interventions" section stated Individual #3's program was revised in 1993 to ask him if he would like to take a break when he began exhibiting pre-indicators to agitation. The section stated the program was ineffective and the current program (teaching Individual #3 to say "no" prior to becoming aggressive, self abusive and destructive to property) was implemented. However, the "Replacement behavior" section of the assessment stated Individual #3 was being taught to "communicate that he needs a break." This was contradictory given the information stating the program had been ineffective. <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the Behavioral Specialist</p>	W 214			

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W 214	<p>Continued From page 4</p> <p>stated the functions were not tied specifically to specific behaviors, and the functions were not clearly defined. The Behavioral Specialist stated the Behavioral Assessment needed to be revised.</p> <p>2. Individual #1's 1/8/10 IPP stated he was a 44 year old male whose diagnoses included pervasive developmental disorder autistic type, depression, atypical bulimia (an eating disorder), moderate mental retardation, GERD (gastroesophageal reflux disease), and a history of paranoid schizophrenia.</p> <p>Individual #1's Behavioral Assessment, dated 1/4/10, stated he displayed in the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Self induced vomiting (SIV), described as "Unusual behavior" but not defined. - Physical aggression, described as "Hurtful to Others," and defined as scratching, open hand slapping, and pushing others. - Food and drink stealing, described as "Uncooperative behavior," and defined as taking various foods and drinks from peers, staff, and people in the community. <p>The Behavioral Assessment did not contain clear and concise information regarding Individual #1's maladaptive behaviors, including information related to analyses of the potential causes, or information related to what elicited or sustained the behaviors as follows:</p> <p>a. Individual #1's Behavioral Assessment stated his diagnoses included moderate mental retardation, pervasive developmental disorder autistic type, paranoid schizophrenia, atypical bulimia, GERD, and a history of depression.</p>	W 214			

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W 214	<p>Continued From page 5</p> <p>The assessment stated Individual #1's self induced vomiting was related to GERD and his food and drink stealing was related to atypical bulimia. However, his physical aggression was not tied to a diagnosis. Additionally, information related to how Individual #1's diagnoses (such as paranoid schizophrenia) was exhibited and may impact his maladaptive behavior and response to intervention was not included in the assessment.</p> <p>b. Individual #1's Behavioral Assessment listed antecedent behaviors that included humming repeatedly, yelling, covering his ears, running or laughing strangely.</p> <p>The "Function of behavior" section stated "SIV and drink stealing" was self reinforcing, and "hurtful to others" was a means of communicating the need for attention.</p> <p>There was not a clear relationship between the antecedent behaviors and the function of behaviors listed in the assessment. Further, the assessment did not include which antecedent behaviors and which functions of behavior were related to which maladaptive behaviors (i.e., when humming repeatedly, Individual #1 was preparing to engage in SIV.)</p> <p>c. The "Interventions" section of the Behavioral Assessment stated the replacement behavior of physical aggression was for Individual #1 to appropriately seek attention, and stated staff were to also use a choice board, short 3 - 4 word phrases for cueing, giving time to process and respond to cues, sensory activities, close monitoring when upset, and offering a quiet area to calm himself.</p>	W 214			

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W 214	<p>Continued From page 6</p> <p>However, inability to make choices, difficulty processing cues, difficulty responding to cues, sensory deficits, and inability to communicate a need for a break were not defined as possible eliciting or sustaining factors of the maladaptive behaviors within the assessment.</p> <p>d. The "Weaknesses" section of the Behavioral Assessment stated Individual #1 was non-complaint at times. His record included a training program, revised 1/13/10, for refusals. However, refusals were not defined or assessed within the Behavioral Assessment.</p> <p>e. The "Weaknesses" section of the Behavioral Assessment stated Individual #1 engaged in self stimulating behavior. However, the behavior was not defined or assessed.</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the Behavioral Specialist stated the functions were not tied specifically to specific behaviors, and the functions were not clearly defined. The Behavioral Specialist stated the Behavioral Assessment needed to be revised.</p> <p>3. Individual #2's 10/7/09 IPP stated he was a 46 year old male whose diagnoses included profound mental retardation.</p> <p>Individual #2's Behavioral Assessment, dated 10/6/09, stated he displayed behavior that is hurtful to others, defined as pulling on others, grabbing, scratching, pushing, and swinging of his upper torso and arms from side to side in a violent manner to hit staff</p> <p>The Behavioral Assessment did not contain clear and concise information regarding Individual #2's</p>	W 214			

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W 214	<p>Continued From page 7</p> <p>maladaptive behaviors including information related to analyses of the potential causes, or information related to what elicited or sustained the behaviors as follows:</p> <p>a. Individual #2's Behavioral Assessment listed antecedent behaviors that included being asked to do a task he did not want to do, not feeling well, staff being pushy, and wanting something he could not have. It also stated he became agitated (undefined) with a lot of demands, new staff, a loud environment, and schedule changes.</p> <p>However, the section titled "Function of behavior" stated that Individual #2 was communicating to avoid or escape a task or to demand something he wanted.</p> <p>There was not a clear relationship between the antecedent behaviors and the function of behaviors listed. Further, the assessment did not indicate how the maladaptive behavior would change based on function and antecedent behavior (i.e. when cued to a non-preferred task, Individual #2 would push staff to avoid the task).</p> <p>b. The assessments included the following inconsistencies:</p> <p>- The "Strengths and Abilities" section stated one way Individual #2 communicated was "by taking staff to what he wants." However, "pulling on others" and "grabbing" were placed under the maladaptive behavior of hurtful to others. The assessment did not described the difference between Individual #2's pulling or grabbing others for communication verses pulling or grabbing others as a maladaptive behavior.</p>	W 214			

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W 214	<p>Continued From page 8</p> <p>- The "Function of behavior" section stated maladaptive behaviors were to escape or avoid a task, or to demand a preferred task or item. The "Interventions" section stated staff were to remove the stimuli causing the behavior. The assessment did not defined how removing the stimuli would not reinforce the behavior if the stimuli was the task or demand that Individual #2 was attempting to avoid.</p> <p>- The "Strategies to get desired behavior" section stated that staff needed to "respond to all attempts at communication." However, Individual #2's communication style was similar to the maladaptive behavior, and the assessment did not differentiate. It was further stated that staff should "honor all requests [Individual #2] makes to spend time with his musical instruments." However, it did not describe how staff would ensure the request was not for escape or avoidance of non-preferred tasks.</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the Behavioral Specialist stated the functions were not tied specifically to specific behaviors, and the functions were not clearly defined. The Behavioral Specialist stated the Behavioral Assessment needed to be revised.</p> <p>The facility failed to ensure Behavioral Assessments contained clear and comprehensive information.</p>	W 214			
W 239	<p>483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if</p>	W 239			

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W 239	<p>Continued From page 9</p> <p>applicable, with behavior that is adaptive or appropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure appropriate replacement behaviors were identified and incorporated into the behavior management programs for 3 of 3 individuals (Individuals #1 - #3) whose behavior assessments and behavior management programs were reviewed. This resulted in individuals not receiving appropriate training to replace maladaptive behaviors. The findings include:</p> <p>1. Individual #3's 3/26/09 IPP stated he was a 53 year old male whose diagnoses included schizoaffective disorder, bipolar type, compulsive behaviors, and severe mental retardation.</p> <p>Individual #3's Behavioral Assessment, dated 3/19/09, stated he displayed the following maladaptive behaviors:</p> <ul style="list-style-type: none"> - Behavior that was Hurtful to Self, defined as banging his head, elbow, or knee on the wall, window, floor, or van. - Behavior that was Hurtful to Others, defined as hitting, kicking, pushing or scratching peers or staff. - Destruction of Property, defined as deliberately causing damage or breaking items in his home, or breaking other's possessions. - Disruptive Behavior, defined as slamming doors, hitting walls not causing injury to self. <p>The section titled "Function of Behavior" stated Individual #3 seemed to be seeking control and</p>	W 239	<p>W 239 483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>All individuals' behavior management plans and behavior assessments will be reviewed and revised to ensure that all individuals' replacement behaviors and training plans work in conjunction with their maladaptive behaviors. Also, at least quarterly a Core Team meeting will be held at which all behavioral information will be discussed and updated/revised as necessary to ensure that all information is accurate.</p> <p>Person Responsible: AQMRP and Behavior Specialist Completion Date: 5/7/10 Monitoring: Quarterly</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 239	<p>Continued From page 10</p> <p>struggled when he did not feel in control, and at other times seemed to be communicating that he was struggling adjusting to his housemates, that he didn't feel well, or that he needed to use the toilet.</p> <p>Individual #3's training program for "Behavior management," revised 4/10/09, stated the replacement behavior for Hurtful to Self, Hurtful to Others, Destruction of Property, and Disruptive Behavior was for Individual #3 to "indicate that he needs a break after given a verbal reminder." However, the program did not include training components that would teach Individual #3 how to communicate a need for a break prior to engaging in the maladaptive behaviors. Additionally, the program did not address communication of not feeling well or needing to use the toilet.</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the AQMRP stated the replacement behaviors listed in Individual #3's program were responses to the maladaptive behaviors. The AQMRP stated the Training Program needed to be revised.</p> <p>2. Individual #1's 1/8/10 IPP stated he was a 44 year old male whose diagnoses included pervasive developmental disorder autistic type, depression, atypical bulimia (an eating disorder), moderate mental retardation, GERD (gastroesophageal reflux disease), and a history of paranoid schizophrenia.</p> <p>a. Individual #1's Behavioral Assessment, dated 1/4/10, stated he engaged in self induced vomiting (SIV), not defined. The "Function of behavior" section stated "SIV" was self</p>	W 239			

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W 239	<p>Continued From page 11 reinforcing.</p> <p>Individual #1's training program for "Eating Slowly," revised 1/13/10, included an objective that he would display 50 or fewer incidents of SIV for 6 consecutive months. The program stated staff were to watch for precursors to SIV and intervene by getting Individual #1 engaged in an activity. However, the program did not include training components that would teach Individual #1 other "self reinforcing" behaviors to replace the need for SIV.</p> <p>b. Individual #1's Behavioral Assessment, dated 1/4/10, stated he engaged in food and drink stealing, defined as taking various foods and drinks from peers, staff, and people in the community. The "Function of behavior" section stated "drink stealing" was self reinforcing.</p> <p>Individual #1's training program for "Obtain Additional Food/Drink Appropriately," revised 1/13/10, included a replacement behavior. The "Replacement Behavior" stated "Whenever [Individual #1] is showing pre-cursors to food or drink stealing staff will need to monitor him closely. When the staff observes him attempting to steal food or drink or he actually steals the item, staff will intervene by asking him what a better choice might be."</p> <p>However, the program did not include training components that would teach Individual #1 other "self reinforcing" behaviors to replace the need for food or beverage stealing, or other ways to obtain food or drink appropriately prior to engaging in the maladaptive behavior.</p> <p>c. Individual #1's Behavioral Assessment, dated</p>	W 239			

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W 239	<p>Continued From page 12</p> <p>1/4/10, stated he engaged in physical aggression defined as scratching, open hand slapping, and pushing others. The "Function of behavior" section stated "hurtful to others" was a means of communicating the need for attention.</p> <p>Individual #1's training program for "Decrease Physically Aggressive Behavior," revised 1/13/10, stated "If [Individual #1] initiates conversation with staff or peers or asks to get his back scratched. (Replacement Behavior-approp. [sic] attention seeks.)" However, the program did not include training components that would teach Individual #1 how to appropriately seek attention prior to engaging in the maladaptive behavior.</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the AQMRP stated the replacement behaviors listed in Individual #1's programs were responses to behavior. The AQMRP stated the Training Programs needed to be revised.</p> <p>3. Individual #2's 10/7/09 IPP stated he was a 46 year old male whose diagnoses included profound mental retardation.</p> <p>Individual #2's Behavioral Assessment, dated 10/6/09, stated he displayed the following behavior that was hurtful to others, defined as pulling on others, grabbing, scratching, pushing, and swinging of his upper torso and arms from side to side in a violent manner to hit staff. The assessment stated the function of the maladaptive behavior was to communicate in order to avoid or escape a task, or to demand something he wanted.</p> <p>The training program for "Behavior" revised</p>	W 239			

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W 239	Continued From page 13 10/9/09, stated the replacement behavior was "[Individual #2] will engage in activities of daily living, make choices throughout his day, and use his musical/ handheld instruments as reinforcement." The program did not state what was being taught to replace the maladaptive behavior. Further, the program did not include training components that would teach Individual #2 coping skills related to denial of preferred activity or item, or to communicate his need to avoid a task or situation prior to engaging in the maladaptive behavior. When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the AQMRP stated the replacement behaviors listed in Individual #1's programs were instructions to staff. The AQMRP stated the Training Programs needed to be revised. The facility failed to ensure individuals received training to appropriately replace their identified maladaptive behaviors.	W 239			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure restrictive interventions were implemented only with the	W 262	W 262 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE HRC approval has been obtained for individual #3's PRN medication. All individual's consents will be reviewed to ensure that HRC approval has been obtained prior to use. All individual's consents will be reviewed at a quarterly Core Team meeting to ensure they are not outdated or invalid. Person Responsible: AQMRP Completion Date: 5/7/10 Monitoring: Quarterly		

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W 262	<p>Continued From page 14</p> <p>approval of the human rights committee for 1 of 3 individuals (Individual #3) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals of restrictive interventions. The findings include:</p> <p>1. Individual #3's 3/26/09 IPP stated he was a 53 year old male whose diagnoses included schizoaffective disorder, bipolar type, and severe mental retardation. His Physician's Order, dated 12/09, stated he received Seroquel (an antipsychotic drug) 100 mg prn for extreme agitation. His Physician's Order stated the prn dose could be received twice daily.</p> <p>Individual #3's Medication Administration Records, dated 7/09 - 12/09, documented he received the prn medication as follows:</p> <ul style="list-style-type: none"> - 7/09: the prn was given 4 times. - 8/09: the prn was given 7 times. - 9/09: the prn was given 15 times. - 10/09: the prn was given 6 times. - 11/09: the prn was given 8 times. - 12/09: the prn was given 4 times. <p>However, Individual #3's record did not include documentation of approval from the HRC for the use of prn Seroquel.</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the QMRP and AQMRP both stated HRC approval for prn Seroquel had not been obtained due to an oversight.</p> <p>The facility failed to ensure HRC approval was obtained prior to the use of prn Seroquel.</p>	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE	W 263			

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W 263	<p>Continued From page 15</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian for 1 of 3 individuals (Individual #3) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior consent for restrictive interventions. The findings include:</p> <p>1. Individual #3's 3/26/09 IPP stated he was a 53 year old male whose diagnoses included schizoaffective disorder, bipolar type, and severe mental retardation. His Physician's Order, dated 12/09, stated he received Seroquel (an antipsychotic drug) 100 mg prn for extreme agitation. His Physician's Order stated the prn dose could be received twice daily.</p> <p>Individual #3's Medication Administration Records, dated 7/09 - 12/09, documented he received the prn medication as follows:</p> <ul style="list-style-type: none"> - 7/09: the prn was given 4 times. - 8/09: the prn was given 7 times. - 9/09: the prn was given 15 times. - 10/09: the prn was given 6 times. - 11/09: the prn was given 8 times. - 12/09: the prn was given 4 times. <p>However, Individual #3's record did not include written informed consent from the guardian for</p>	W 263	<p>W 263 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>Guardian approval has been obtained for individual #3's PRN medication. All individual's consents will be reviewed to ensure that Guardian approval has been obtained prior to use. All individual's consents will be reviewed at a quarterly Core Team meeting to ensure they are not outdated or invalid.</p> <p>Person Responsible: AQMRP Completion Date: 5/7/10 Monitoring: Quarterly</p>		

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W 263	Continued From page 16 the use of prn Seroquel. When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the QMRP and AQMRP both stated written informed consent from the guardian for prn Seroquel had not been obtained due to an oversight.	W 263		
W 312	The facility failed to ensure written informed consent from the guardian was obtained prior to the use of prn Seroquel. 483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' IPPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 3 individuals (Individual #3) whose medication reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without plans that identified the drug usage and how it may change in relation to progress or regression. The findings include: 1. Individual #3's 3/26/09 IPP stated he was a 53 year old male whose diagnoses included schizoaffective disorder, bipolar type, compulsive	W 312	W 312 483.450(e)(2) DRUG USAGE All individuals' medication reduction plans will be reviewed to ensure that drugs that are used to control inappropriate behavior are only used as an integral part of their individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Each plan will be revised to include clear instructions as to how each drug will be used and reduced or challenged based upon progress or regression. All medication reduction plans will be reviewed quarterly to ensure appropriate drug usage is included. Person Responsible: AQMRP Completion Date: 5/7/10 Monitoring: Quarterly	

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W 312	<p>Continued From page 17</p> <p>behaviors, and severe mental retardation. His Physician's Order, dated 12/09, stated he received melatonin (an herbal drug) 6 mg each evening, purpose not defined, and Seroquel (an antipsychotic drug) 100 mg prn for extreme agitation.</p> <p>a. Individual #3's Medication Reduction Plan, dated 1/13/10, stated melatonin was for sleep, and the drug would be targeted for reduction when he slept 8 hours a night for 3 consecutive months.</p> <p>However, Individual #3's Behavioral Assessment, dated 3/19/09, stated he "averages between 9.1 - 10.5 hours of sleep per night, not including naps."</p> <p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the Behavior Specialist stated sleep continued to be tracked, and Individual #3 was still averaging the same amount of sleep documented in the Behavioral Assessment. The QMRP, who was present during the interview, stated Individual #3's melatonin was not addressed for reduction due to an oversight, and the medication reduction plan needed to be revised.</p> <p>b. Individual #3's Medication Reduction plan stated the prn Seroquel was for behavior that was hurtful to others. However, the criteria for reduction stated Individual #3 would reduce episodes of disruptive behavior.</p> <p>The Medication Reduction plan was not clear as to the purpose of the medication (hurtful to others vs disruptive behavior) and did not match the purpose of the medication as per the Physician's Order (extreme agitation).</p>	W 312			

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W 312	Continued From page 18	W 312			
W 382	<p>When asked during an interview on 2/25/10 from 10:20 a.m. - 12:45 p.m., the QMRP stated the Medication Reduction Plan needed to be revised.</p> <p>The facility failed to ensure Individual #3's melatonin and prn Seroquel were appropriately incorporated into a plan.</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all drugs and biologicals were maintained under locked conditions. This directly impacted 2 of 6 individuals (Individuals #1 and #4), and had the other 4 individuals (Individuals #2, #3, #5 and #6) residing in the facility. This resulted in the individuals having access to unlocked drugs. The findings include:</p> <p>1. An environmental assessment was conducted on 2/23/10 from 12:00 - 1:10 p.m. During that time, it was noted that there was an unlocked tube of Desitin (a topical zinc oxide) in Individual #4's bedroom. In the bathroom between Individual #1's bedroom and Individual #4's bedroom, there was an unlocked tube of Follgera double antibiotic ointment in the drawer.</p> <p>The AQMRP and the RSC, who were present during the assessment, placed the Desitin and Follgera in the medication cabinet.</p>	W 382	<p>W 382 483.460(l)(2) DRUG STORAGE AND RECORDKEEPING</p> <p>All drugs and biologicals in the facility have been placed under locked conditions. The facility will train all staff on the regulation of drug storage and recordkeeping. The supervisor of the facility (RSC), will do random weekly checks in all of the residents' bedrooms to ensure that staff are maintaining all drugs and biologicals under locked conditions.</p> <p>Person Responsible: RSC Completion Date: 5/7/10 Monitoring: Weekly</p>		

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W 382	Continued From page 19 During an interview on 2/25/10 from 10:20 a.m.- 12:45 p.m., the LPN and RN both stated the Desitin and Follgera should have been locked at all times. The facility failed to ensure that biologicals were stored under locked conditions.	W 382			

Bureau of Facility Standards

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MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	MM 194 16.03.11.075.110(a) APPROVAL OF HUMAN RIGHTS COMMITTEE Please refer to the POC for W262	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	MM 196 16.03.11.075.10(c) CONSENT OF PARENT OR GUARDIAN Please refer to the POC for W263	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	MM 197 16.03.11.075.10(d) WRITTEN PLANS Please refer to the POC for W312	
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the	MM380	RECEIVED MAR 16 2010 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SBGU11

TITLE

Administrator

(X6) DATE

2/12/10

If continuation sheet 1 of 5

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - ELK RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH GULL COVE PLACE MERIDIAN, ID 83642		
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MM380	<p>Continued From page 1</p> <p>facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:</p> <p>During an environmental assessment, on 2/23/10 from 12:00 - 1:10 p.m., the following were noted:</p> <ul style="list-style-type: none"> - The finish across the bottom outside of the front door was chipped and peeling, and in need of paint. - The front door threshold seal was missing. - There was a 1 inch by 1 inch "L" shaped crack in the door stop on the wall behind the front door. - There was a 1.5 inch by 0.5 inch section of exposed sheet rock to the left of the television cabinet. - There was a 2 foot by 1 foot patched section of wall needing paint to the right of the love-seat next to the hallway. - There was a 3 foot by 1 foot patched section of wall needing paint to the right of the dining room window, and a 6 inch by 1 foot patched section of wall needing paint to the left of the dining room window. - There was exposed metal framing on the left side of the dining room window. - There was a 6 inch diameter patched section of wall needing paint on the wall between the back door and kitchen. - There was 1 light bulb burned out in the dining 	MM380	<p>MM 380 16.03.11.120.03(a) BUILDING AND EQUIPMENT</p> <p>The facility will ensure that all of the listed items under MM380 will be repaired or replaced. The maintenance man will do monthly walk throughs of the facility to ensure that all maintenance issues are taken care of.</p> <p>Person Responsible: Maintenance Completion Date: 5/7/10 Monitoring: Monthly</p>		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - ELK RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 2273 SOUTH GULL COVE PLACE MERIDIAN, ID 83642		
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MM380	<p>Continued From page 2</p> <p>room.</p> <ul style="list-style-type: none"> - The intake air vent was covered with dust and grime. - There were three 1 foot by 1 foot patched sections of wall in the kitchen on the wall between the refrigerator and pantry needing paint. - There was food debris in the cabinets by the desk area in the kitchen. - The pull-outs in both cabinets to the right of the desk would not remain on the tracks. - There was a 1 inch rip in the fabric of the dining chair that was positioned at the desk in the kitchen. - The wall panel in the hallway between the medication room and the laundry room was separated from the wall. - There was a 2 foot by 2 foot patched section of wall needing paint in the back hallway. - In Individual #4's bedroom, there was a 6 inch diameter dent in the wall above the trash can. - In the medication room, there was a 1 inch by 2 foot section of linoleum missing to the left of the the sink and a 1 inch by 3 inch section missing to the right front of the sink. - The toilet seat in the medication room was loose. <p>The facility failed to ensure environmental repairs were maintained.</p>	MM380			

Bureau of Facility Standards

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MM696	Continued From page 3	MM696			
MM696	<p>16.03.11.250.09(d)(i) Refrigerator and Freezer</p> <p>Each refrigerator and freezer must be equipped with a reliable, easily read thermometer. Refrigerators must be maintained at forty-five (45) degrees Fahrenheit or below. Freezers must be maintained at zero degrees - ten (0-10) degrees Fahrenheit or below.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the refrigerator temperature was maintained at 45 degrees Fahrenheit or below for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. The findings include:</p> <p>1. During an environmental assessment, on 2/23/10 from 12:00 - 1:10 p.m., the thermometer in the refrigerator next to the pantry read 54 degrees Fahrenheit. The refrigerator contained no less than four 1/2 gallons of Lactaid (a lactose free milk), two gallons of milk, margarine, yogurt, cottage cheese, mayonnaise, and salad dressing.</p> <p>The AQMRP and RSC, who were present during the assessment, stated that the refrigerator had been cleaned the night before. The AQMRP checked the temperature setting and found it had been changed. The temperature of the food items were checked and, with the exception of the milk and Lactaid, were found to be above 45 degrees Fahrenheit. The perishable food items were discarded by the AQMRP and RSC.</p> <p>The RSC stated the Lactaid and milk were purchased earlier that morning. The temperature of the Lactaid was checked and found to be at 45 degrees Fahrenheit or below. The milk and Lactaid were placed in the other refrigerator at that time.</p>	MM696	<p>MM 696 16.03.11.250.09(d)(i) REFRIGERATOR AND FREEZER</p> <p>The facility will train all staff on the regulation of refrigerator and freezer temperatures. The supervisor of the facility (RSC), will do random weekly checks on the refrigerators and freezers to ensure that they are being kept at the appropriate temperature according to regulation.</p> <p>Person Responsible: RSC Completion Date: 5/7/10 Monitoring: Weekly</p>		

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MM696	Continued From page 4 The facility failed to ensure the refrigerator temperature was maintained at 45 degrees Fahrenheit or below.	MM696			
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.	MM730	MM 730 16.03.11.270.01(d)(i) DIAGNOSTIC AND PROGNOSTIC DATA Please refer to the POC for W214		
MM753	16.03.11.270.02(f)(i) Locked Area All medications in the facility must be kept in a locked area(s) except during those times when the resident is receiving the medication. This Rule is not met as evidenced by: Refer to W382.	MM753	MM 753 16.03.11.270.02(f)(i) LOCKED AREA Please refer to the POC for W382		
MM812	16.03.11.270.05(c)(ii)(f) Self Direction Self direction; and This Rule is not met as evidenced by: Refer to W239.	MM812	MM 182 16.03.11.270.05(c)(ii)(f) SELF DIRECTION Please refer to the POC for W239		